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## APPLICANTS

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\*\* CONTINUING DATA *Yes* \*\*\*\*\* *ITC*

This appln claims benefit of 60/399,325 07/23/2002

\*\* FOREIGN APPLICATIONS *None* \*\*\*\*\* *ITC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	FL	3	10 <i>if</i>	1
Examiner's Signature <i>[Signature]</i> Initials <i>TC</i>				

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## TITLE

Electronic localizing protection device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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☐ 1.18 Fees ( Issue )☐ Other \_\_\_\_\_☐ Credit